PLEASE RETURN THIS FORM PROMPTLY to: Discoveries P.O. Box 1354, Harrisburg, PA 17105-1354 or fax to: 717-657-3547	AAA Escorted Motorcoach Trip Discover Your Adventure™ Victorian Christmas in Williamsport, PA Group #13423 November 18, 2023
Do you currently work with a AAA Central Penn Travel Adviso	
I/we will board the motorcoach in (check choice):Harris	burgLancaster
PLEASE USE ONE FORM FOR EACH PASSENGER	
Name of registrant:	Name preferred on badge:
Mailing address:	
City:	State:Zip:
Daytime Telephone number: ()	Cell Phone: ()
Email Address:	
In case of Emergency, please notify:	Phone: (
Special requirements/request:	
PAYMENT Full payment of \$199 per person is due to AAA with th	
CANCELLATION/PENALTIES: After September 18, 2023, No refunds.	
Dinner Menu: <i>Old Corner Hotel</i> (please choose one) Mafaldine Bolognese: San Marzano tomatoes, misty mo Chicken marsala with mushrooms Grilled ginger-lime salmon, vegetable rice Vegetarian Option	untain ground beef, group pork and pancetta
Personal check or credit card are accepted for this group tour.	
Check (made payable to AAA Travel) is enclosed, OR Cre	lit Card:
VISAMasterCardDiscoverAm	erican Express (check choice)
Cardholder's Name (as shown on card):	
Credit Card number:	Expiration Date:CVV:
Cardholder Signature:	Today's Date:

AAA ESCORTED MOTORCOACH TRIP Victorian Christmas in Williamsport, PA Group #13423 November 18, 2023

Please complete the reverse side of this page and return it with your payment to AAA Travel.

All Trip Registrants must read and sign the following:

To the best of my/our knowledge, I am/we are in good state of health and suffering from no physical condition which might be detrimental to my/our own safety, comfort and convenience and that of the other participants during this trip. If any participant named on this registration form HAS A SPECIFIC PHYSICAL CONDITION, DISABILITY, ALLERGY OR DIETARY REQUIREMENT THAT MAY REQUIRE SPECIAL ATTENTION OR TREATMENT, such details must be reported on this form.

I/we have read and understand and agree to conditions as set forth in the tour flyer, especially regarding payments, cancellations, refunds and responsibilities of the AAA Travel, as tour operator and agent for the trip participants.

Signature(s) of Registrant(s) listed on this form:

Travel Insurance:

I/We acknowledge that AAA has offered insurance covering trip cancellation/interruption for covered reasons, travel delay, baggage or medical coverage as provided by a third-party insurance provider. I understand that such insurance coverage is subject to my obligation to provide all information and documentation that is required by the insurance provider and primary travel supplier. I/We understand the waiver of pre-existing conditions clause as outlined in the insurance brochure. Initial one.

- Yes, I have purchased Allianz travel insurance.
- Yes, I have purchased Allianz travel insurance including "Cancel Anytime" benefits
- _____ Yes, I have purchased third party/supplier sponsored travel insurance.
- ____ No, I decline any travel insurance.

____ Maybe, I would like to receive a quote please contact me by phone or email (circle one). AAA Central Penn will need your date of birth to process the quote.

Name:_____ Date of Birth: _____